

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

10-757,475

FILING DATE

APPLICANT(S)

11-30-05

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
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26				4		
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34				5		
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47			/			
48				/		
49				/		
50				/		
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	* 11-30-05 *		* 11-30-05 *		* 11-30-05 *	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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52				/		
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99						
100						
TOTAL IND.				4		
TOTAL DEP.				38		
TOTAL CLAIMS				42		